

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1369007
Vendor Name: LB Medwaste Services
Invoice Number: 88409
Invoice Date: 05/31/18
PO Number: P0358732
Check Number: E0068101
Check Amount: \$ 261.13
Check Date: 07/11/2018
Department ID: 00761
Reviewer Name: None
Voucher Number: V0516946
Redaction Type: None
Document Type: AP Invoice

Document Below



LB Medwaste Services Inc. Account # 002293 - 000001
P.O Box 54 Invoice # 88409
Wausau, WI 54402 Date: May 31, 2018
(715) 842-2048
(715) 845-5310

Service To:
College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137
PO Number: BPO 662580

Serviced	Qty/Weight	Description	Amount
		(1) College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137 PO Number: BPO 662580	
May 10, 2018	6.00	Over 1-Container	\$ 168.84
May 10, 2018	1.00	31 gal box	\$ 92.29
May 10, 2018	85.00 LB	Ticket:*115517 Bio-Waste Manifest: M5254368	\$ 0.00
<div>APPROVED 06/25/18 - BRIAN CAPUTO APPROVED 06/25/18 - PHILIP GIESCHEN</div>			
Net 60			

DOT and OSHA Training Available (Call 1-888-526-3392)

Invoice Amount Due **\$ 261.13**



PLEASE RETURN BOTTOM PORTION WITH PAYMENT
LB Medwaste Services Inc.
P.O Box 54
Wausau, WI 54402
(715) 842-2048

Invoice Amount Due		\$ 261.13	
Account #	Invoice #	Amount Paid	Check #
002293 - 000001	88409		

Bill To:
College of DuPage
Attn: Accounts Payable
425 Fawell Blvd
Glen Ellyn, IL 60137

PLEASE MAKE CHECK PAYABLE AND SEND TO:

LB Medwaste Services Inc.
P.O Box 54
Wausau, WI 54402



State of Illinois
Illinois Environmental Protection Agency



The Agency is authorized to require this information under Section 56.4 of the Environmental Protection Act. [415 ILCS 5/56.4] Disclosure of this information is required. Failure to do so may result in a civil penalty or a criminal penalty [415 ILCS 5/42(a), 44(a)]. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Agency commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. [415 ILCS 5/44(h)]

Illinois Potentially Infectious Medical Waste Manifest

M5254368

1. HAULER NAME AND ADDRESS:

2. PHONE ()

3. PIMW HAULING PERMIT **M9065**

4. LICENSE PLATE STATE

LB Medwaste Services Inc.

8550 Development Court

Wausau, WI 54401

(715) 842-2048

EMERGENCY RESPONSE NO. 800-255-3924

CONTRACT NUMBER: MIS8794631

Clyde Delcor

C. Delcor

05, 20, 18

5. NAME (PRINT/TYPE)

SIGNATURE

DATE

6. NUMBER OF CONTAINERS *7* 7. TOTAL NET WEIGHT *88.0* (LBS) *35* (CU. FT.)

8. FEE DUE: LBS x \$.03 = *2.55* 9. Acknowledgement of Fee (Signature) *[Signature]*

10. GENERATOR NAME AND ADDRESS:

11. PHONE () *(630) 942-2589*

2293 1

College of DuPage

425 Fawell Blvd

Glen Ellyn

IL 60137

12. TYPE OF WASTE: ☐ UN2814, INFECTIOUS SUBSTANCES, AFFECTING HUMANS, 6.2

☐ UN2900, INFECTIOUS SUBSTANCES, AFFECTING ANIMALS, 6.2

☒ UN3291, REGULATED MEDICAL WASTE, N.O.S., 6.2, PGII

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Patricia A Sowatzke

Patricia A Sowatzke

05, 10, 18

13. NAME (PRINT/TYPE)

SIGNATURE

DATE

14. DESIGNATED FACILITY NAME AND ADDRESS:

15. PHONE ()

16. IL FACILITY ID NO.

LB MEDWASTE SERVICES INC

8550 DEVELOPMENT COURT

WAUSAU WI 54401

WI DNR LIC 4405

Jeff Evenhouse

5, 17, 18

17. NAME (PRINT/TYPE)

SIGNATURE

DATE

18. ALTERNATE FACILITY NAME AND ADDRESS:

19. PHONE ()

20. IL FACILITY ID NO.

Healthcare Environmental Services Inc

1420 40th Street N

Fargo ND 58102

701-373-7029

License # TS-178001

21. NAME (PRINT/TYPE)

SIGNATURE

DATE

22. ADDITIONAL INFORMATION:

23. DISCREPANCIES/CONTINUATION INFORMATION:

In case of a spill, call Illinois Emergency Management Agency (IEMA) at 800/782-7860
and the National Response Center at 800/424-8802.

8084352

ILLINOIS POTENTIALLY INFECTIOUS MEDICAL WASTE MANIFEST

This manifest is to be used for the transport of potentially infectious medical waste which is defined in Public Act 87-752.

For shipments not originating in Illinois, if the generator's state requires a copy of the manifest, a photocopy of part 8 should be sent to the generating state.

INSTRUCTIONS FOR COMPLETING MANIFEST (Please type/print)

1. Enter hauler company name and address.
2. Enter company telephone number for hauler.
3. Enter the hauling permit number given to transport potentially infectious medical waste (PIMW).
4. Enter the license plate number of the vehicle and the state the license was issued.
5. The driver of the hauling company must verify the number of containers and weight, then print/type name, sign (by hand), and date the manifest. **Retain copy 3 for records.**
6. Enter the number of containers.
7. Enter the total weight in pounds/cubic feet.
8. Enter the fee due. Amount of fee is \$.03 per pound.
9. Hauler must sign to acknowledge number of containers and total fee due.
10. Enter generator company name and address.
11. Enter company telephone number for generator.
12. Check type(s) of waste(s) that are being transported.
13. An authorized representative of the generator's company must print/type name, sign (by hand), and date the manifest. **Retain copy 4 for records.**
14. Enter the company name and address of the facility designated to receive the waste. This includes transfer, storage and treatment facilities.
15. Enter company telephone number of designated facility.
16. Enter the Illinois EPA ten-digit designated facility identification number.
17. The facility must verify that all information is accurate and complete. An authorized representative of the designated facility's company must print/type name, sign (by hand), and date the manifest. **Retain copy 2 for records. Send copy 1 (original) to the generator, within 35 days.**
18. Enter the name and address of an alternate facility (if applicable).
19. Enter company telephone number for alternate facility.
20. Enter the Illinois EPA ten-digit identification number for the alternate facility.
21. The alternate facility must verify that all information is accurate and complete. An authorized representative of the designated facility's company must print/type name, sign (by hand), and date the manifest. **Retain Copy 2 for records. Send Copy 1 (original) to the generator within 35 days.**
22. If needed, enter additional description, handling information, or information/instructions for the material checked in section 17.
23. Enter/note any discrepancies.

From: dageny@cod.edu
Sent: Wed Jun 27 11:02:15 CDT 2018
To: invoicing@cod.edu
CC:
Subject: PO 358732 LB Medwaste

Thank you. Have a fantastic day! Any questions, contact me.



Yvette Dagen Risk Management
□x2996 | □ 630.942.3208 | dageny@cod.edu
http://www.cod.edu/about/environmental_health_safety/

Disclosure Statement:

Information in this transmission is intended only for the person(s) to whom it is addressed and may contain privileged and/or confidential information. If you are not the intended recipient, any disclosure, copying or dissemination of the information is unauthorized and you should delete/destroy all copies and notify the sender. No liability is accepted for any unauthorized use of the information contained in this transmission.

Bill To:**College of DuPage**

College of DuPage Accounts Payable
425 Fawell Blvd.
Glen Ellyn, IL 60137

Accounts Payable, SRC2049
Phone: 630-942-2228
Fax: 630-858-9078

Vendor:

1369007
LB Medwaste Services
PO Box 54
Wausau, WI 54402-0054

Attn: John Beatty

Phone: 888-526-3392
Fax: 715-845-5310

PURCHASE ORDER

358732

Page: 1

Release Method: n/a

Release Date: n/a

Created Date: 06/27/2018

Ship To:

College of DuPage Shipping & Receiving
425 Fawell Blvd.
Glen Ellyn, IL 60137

Purchasing, Manager

Phone: 630-942-2238

Fax: 630-942-2417

Deliver To: Trisha Sowatzke

PO Created By: Cernick, Beth

Purchase Order Comments:

Requisition Number(s): 667480

Requisitioner Name(s): Yvette Dagen

#	Vendor Item	QTY	UOM	Description	Unit Price	Total Price
1		1	Each	Over 1 Container 31 Gal Box	\$261.13	\$261.13

Deliver To: Trisha Sowatzke

Sub Total: \$ 261.13

Total: \$ 261.13

Account Code Summary

Account Code	Account Description	Amount
0180007615707001		\$261.13

Terms and Conditions:

1. F.O.B. DESTINATION unless otherwise indicated under Purchase Order Comments.
2. College of DuPage will only accept electronic invoices, which can be in any format, including but not limited to PDF, Word, Excel. Invoices must reference the COD Purchase Order Number. Invoices are to be emailed to invoicing@cod.edu. Questions about payment status or other inquiries, please email acctpays@cod.edu or call 630-942-2228.
3. All payments are processed via ACH transfer on a weekly basis. You are strongly encouraged to set up your ACH account upon receipt of this PO to avoid unnecessary payment delays. A letter will be sent to you under separate cover which outlines the set-up instructions, your log-in, and temporary password. Invoices must be received in an electronic format at least three weeks prior to the due date and are to be emailed to invoicing@cod.edu. Paper checks are issued once-a-month. A paper check will be issued to foreign vendors that are not eligible for ACH transfer.
4. All invoices must be provided to the College for services rendered directly to the College. Undisputed invoices will be paid within sixty (60) days of receipt of properly submitted invoices to the Contractor, in accordance with the Local Government Prompt Payment Act.
5. All solicitations must be directed to the Purchasing Department. Any vendor selling directly to any faculty or staff member, without prior authorization from the Purchasing Department will be removed from our vendor list.
6. College of DuPage is exempt from payment of the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Use Tax. The College's Tax Exemption Identification Number is E9997-3391-06.
7. If unable to ship and/or deliver as required, advise the Purchasing Department immediately with full details at 630-942-2217.
8. All packages shall clearly indicate the purchase order number and contain a packing list of all contents with itemized descriptions.
9. All shipments are accepted subject to inspection and approval by College of DuPage.
10. Any company/organization to be awarded a contract for goods and/or services must be in compliance with the fair employment practice act and all rules & regulations thereunder.
11. Suppliers are required to comply with executive orders 11246, 11375, The Rehabilitation Act of 1973, and the Vietnam Readjustment Act of 1974.
12. All contracts for construction work are subject to the provisions of 820 ILCS 130, ch. 48, Par. 39s-1 through 39s-12, providing for payment of the prevailing rate of wages to laborers, workmen & mechanics. Contractor shall submit to the College, monthly certified payroll records for all workers and sub-contractors utilized for the project.

6/18 PLEASE PROVIDE A BO# OR GL# TO PAY THIS

6/25 PHIL- PLEASE PROVIDE A BO# OR GL# TO PAY THIS

Invoice



LB Medwaste Services Inc.
P.O Box 54
Wausau, WI 54402
(715) 842-2048
(715) 845-5310

Account # 002293 - 000001
Invoice # 88409
Date: May 31, 2018

Service To:
College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137
PO Number: BPO 662580

NEED PO #

Serviced	Qty/Weight	Description	Amount
		(1) College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137 PO Number: BPO 662580	
May 10, 2018	6.00	Over 1-Container	\$ 168.84
May 10, 2018	1.00	31 gal box	\$ 92.29
May 10, 2018	85.00 LB	Ticket: *115517 Bio-Waste Manifest: M5254368	\$ 0.00
<div> <div>APPROVED</div> <div>06/25/18 - BRIAN CAPUTO</div> <div>APPROVED</div> <div>06/25/18 - PHILIP GIESCHEN</div> </div>			
Net 60			

DOT and OSHA Training Available (Call 1-888-526-3392)

Invoice Amount Due **\$ 261.13**

PLEASE RETURN BOTTOM PORTION WITH PAYMENT



LB Medwaste Services Inc.
P.O Box 54
Wausau, WI 54402
(715) 842-2048

Invoice Amount Due		\$ 261.13	
Account #	Invoice #	Amount Paid	Check #
002293 - 000001	88409		

Bill To:

College of DuPage
Attn: Accounts Payable
425 Fawell Blvd
Glen Ellyn, IL 60137

PLEASE MAKE CHECK PAYABLE AND SEND TO:

LB Medwaste Services Inc.
P.O Box 54
Wausau, WI 54402

Sticky notes - 2 -
Drawer: Accounts Payable - Invoices
Name: 321226K_04TW9D2KX001JS7
Field1: 1369007
Field2: LB Medwaste Services
Field3: 88409
Field4: 05/31/18
Field5:
Type: AP Invoice
Associated Page Number: 1

6/26/2018

Sticky note created on: 6/25/2018

giesche - 6/25/18 4:00 PM

This is a blanket PO 662580. Please let me know if there is something else I need to do for this one.



State of Illinois
Illinois Environmental Protection Agency



The Agency is authorized to require this information under Section 56.4 of the Environmental Protection Act. [415 ILCS 5/56.4] Disclosure of this information is required. Failure to do so may result in a civil penalty or a criminal penalty [415 ILCS 5/42(a), 44(a)]. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Agency commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. [415 ILCS 5/44(h)]

Illinois Potentially Infectious Medical Waste Manifest

M5254368

1. HAULER NAME AND ADDRESS: LB Medwaste Services Inc.
2. PHONE () 8550 Development Court
3. PIMW HAULING PERMIT M9065 Wausau, WI 54401 EMERGENCY RESPONSE NO. 800-255-3924
4. LICENSE PLATE STATE (715) 842-2048 CONTRACT NUMBER: MIS8794631
5. NAME (PRINT/TYPE) Clyde Delcor C. Delcor 05, 20, 18
SIGNATURE DATE

6. NUMBER OF CONTAINERS 7 7. TOTAL NET WEIGHT 885.0 (LBS) 35 (CU. FT.)
8. FEE DUE: LBS x \$.03 = 255 9. Acknowledgement of Fee (Signature) [Signature]

10. GENERATOR NAME AND ADDRESS: 2293 1
11. PHONE () (630) 942-2589 College of DuPage
12. TYPE OF WASTE: 425 Fawell Blvd
Glen Ellyn IL 60137
☐ UN2814, INFECTIOUS SUBSTANCES, AFFECTING HUMANS, 6.2
☐ UN2900, INFECTIOUS SUBSTANCES, AFFECTING ANIMALS, 6.2
☒ UN3291, REGULATED MEDICAL WASTE, N.O.S., 6.2, PGII

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

13. NAME (PRINT/TYPE) Patricia A Sowatzke Patricia A Sowatzke 05, 10, 18
SIGNATURE DATE

14. DESIGNATED FACILITY NAME AND ADDRESS: LB MEDWASTE SERVICES INC
15. PHONE () 8550 DEVELOPMENT COURT
16. IL FACILITY ID NO. WAUSAU WI 54401
WI DNR LIC 4405

17. NAME (PRINT/TYPE) Jeff Greenhouse 5, 17, 18
SIGNATURE DATE

18. ALTERNATE FACILITY NAME AND ADDRESS: Healthcare Environmental Services Inc
19. PHONE () 1420 40th Street N
20. IL FACILITY ID NO. Fargo ND 58102
701-373-7029
License # TS-178001

21. NAME (PRINT/TYPE) SIGNATURE DATE

22. ADDITIONAL INFORMATION:

23. DISCREPANCIES/CONTINUATION INFORMATION:

In case of a spill, call Illinois Emergency Management Agency (IEMA) at 800/782-7860
and the National Response Center at 800/424-8802.

Printed by Authority of
the State of Illinois
1M 2/16 IOC116-451

COPY 1 - DESIGNATED FACILITY MAIL TO GENERATOR

8084352

ILLINOIS POTENTIALLY INFECTIOUS MEDICAL WASTE MANIFEST

This manifest is to be used for the transport of potentially infectious medical waste which is defined in Public Act 87-752.

For shipments not originating in Illinois, if the generator's state requires a copy of the manifest, a photocopy of part 1 should be sent to the generating state.

INSTRUCTIONS FOR COMPLETING MANIFEST (Please type/print)

1. Enter hauler company name and address.
2. Enter company telephone number for hauler.
3. Enter the hauling permit number given to transport potentially infectious medical waste (PIMW).
4. Enter the license plate number of the vehicle and the state the license was issued.
5. The driver of the hauling company must verify the number of containers and weight, then print/type name, sign (by hand), and date the manifest. **Retain copy 3 for records.**
6. Enter the number of containers.
7. Enter the total weight in pounds/cubic feet.
8. Enter the fee due. Amount of fee is \$.03 per pound.
9. Hauler must sign to acknowledge number of containers and total fee due.
10. Enter generator company name and address.
11. Enter company telephone number for generator.
12. Check type(s) of waste(s) that are being transported.
13. An authorized representative of the generator's company must print/type name, sign (by hand), and date the manifest. **Retain copy 4 for records.**
14. Enter the company name and address of the facility designated to receive the waste. This includes transfer, storage and treatment facilities.
15. Enter company telephone number for designated facility.
16. Enter the Illinois EPA ten-digit designated facility identification number.
17. The facility must verify that all information is accurate and complete. An authorized representative of the designated facility's company must print/type name, sign (by hand), and date the manifest. **Retain copy 2 for records. Send copy 1 (original) to the generator, within 35 days.**
18. Enter the name and address of an alternate facility (if applicable).
19. Enter company telephone number for alternate facility.
20. Enter the Illinois EPA ten-digit identification number for the alternate facility.
21. The alternate facility must verify that all information is accurate and complete. An authorized representative of the designated facility's company must print/type name, sign (by hand), and date the manifest. **Retain Copy 2 for records. Send Copy 1 (original) to the generator within 35 days.**
22. If needed, enter additional description, handling information, or information/instructions for the material checked in section 17.
23. Enter/note any discrepancies.